	Effective October 1, 2000 09/896140												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			28					RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	EASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 8			XS	=		OR	X\$18=	
NDEPENDENT CLAIMS			4 minus 3 =		1			X40=			OR	XB0=	
MUL	TIPLE DEPEND	ENT CLAIM P			+135=				OR	+270=			
If the difference in column 1 is less than zero, enter "0" in column 2								TOT	AL		OR	TOTAL	
CLAIMS AS AMENDED - PART II CHALL ENTITY OR SMALL ENTITY													
		(Column 1)			mn 2)	(Column 3)	4	2007	UL I				ADDI-
MYA		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	REST IBER IOUSLY FOR	PRESENT EXTRA		RAT	ΪĒ	ADDI- TIONAL FEE	/	RATE	TIONAL
AMENDMENT	Total	. 28	Minus	••	28	•\		XS	9=		OR	X\$18=	
KEN	Independent	. 4	Minus	***	4	= \		X4)=		OR	X80=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+13	5 <u>-</u> /		OR	+279=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3) (Calies Highest Present Exters (Column 4) (Column 2) (Column 3) (Column 4) (Column 4) (Column 3) (Column 4) (Column 5) (Column 3) (Column 6) (Column 7) (Column 8) (Column 8) (Column 8) (Column 9) (Column 9) (Column 9) (Column 9) (Column 1) (Column 9) (Column 1) (Column 1) (Column 1) (Column 2) (Column 2) (Column 2) (Column 3)									TAL		1	TOTAL	
(Column 1) (Column 2) (Column 3)													
l	7 30-03	(Column 1)		(Cot	umn Z	Ecolumn 3	1						4001
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			MBER MOUSLY D FOR	PRESENT EXTRA		RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 28	Minus	•• :	28	• /	1	XS	9=		OF	X\$18=	
	Independent	. 4	Minus		4	•/	4	X4	0=		OF	X80=	
L	FIRST PRESE	NTATION OF A	AUTIPLE DE	PENDE	AT CLAIM		٠	+13	35=		OF	+270=	
									OTAL		OF	ADDIT, FEE	
ADDRY, FEE													
		(Column 1)			umn 2) arest	CORDITAL	ጎ	_	<u>.</u>	ADDI	7		ADDI-
2		REMAINING AFTER		N. PRE	MBER VIOUSLY	PRESENT		RA	TE	TIONAL	·	RATE	TIONAL
益		AMENDMENT		PA	ID FOR		4	-		FEE	1	1	7 7
AMENDMENT C	Total	•	Minus	<u> </u>		-	4	X	9=	<u> </u>	OF	· · · · ·	<u> </u>
	Independent	•	Minus			<u> </u>	4	X	10=	ļ	Of	X80=	
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							11	35=		O	+270=	
	If the entry in coli	ama lisi setiwa	n the entry in ex	Aston 2, v	ntte "O" in c	column 3.			OTA		10	TOTA	
	' If the Trighest No	unber Pr viously	PER FOR IN I	HIS SPA		Lan Backer	20.° 3.°	ADDI			-	ADDIT. FE	E
l	"If the "Highest No The "Highest No	mber Previously	Peld For (Fotal	or indep	and mt) is t	h highest ma	nber	found in	the s	ppropriate t	DOX (IN	COLUMN 1.	

Application or Docket Number